INVOICE

Business Name: _____	Invoice #: INV-0001
Address: _____	Invoice Date: _____
Email / Phone: _____	Due Date: _____
Bill To: _____	Payment Terms: Net 30

Description	Qty	Unit Price	Discount %	Tax %	Line Total

Subtotal:	
Tax:	
Discount:	
TOTAL:	

Payment Terms / Notes:

Authorized Signature: _____